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| Hibiscus Initiatives | Resource for London, 356 Holloway Road London N7 6PA Tel 0207 697 4120 Fax 0207 697 4272 Email vderosas@hibiscusinitiatives.org.uk www.hibiscusinitiatives.org.uk |

# Client Referral Form – Please return completed form via email to: [referrals@hibiscusinitiative.org.uk](mailto:referrals@hibiscusinitiative.org.uk)

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| INFORMATION ON REFERRING ORGANISATION / AGENCY | | | |
| Date of referral: | Has the client agreed to this referral? | YES | NO |
| Name: | Organisation: | | |
| Contact no: | Email: | | |
| Relationship to client: | | | |

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| CLIENT’S PERSONAL DETAILS | | | | | | |
| Surname: | | First name: | | | | |
| Date of birth: | | Gender: F/ M/ T | | | | |
| Prison No. if relevant: | | Release date: | | | | |
| Address including **Prison or IRC** address if relevant: | | Can we write to the client at this address: | | Yes | | No |
| Mobile: | | Land line: | | | | |
| Email: | | | | | | |
| Preferred method of contact: | | | | | | |
| Offence history if relevant and sentence length: | | | | | | |
| Previous convictions | | | | | Yes | No |
| If Yes please specify: | | | | | | |
| MG16 | Yes | | No | | | |

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| NATIONALITY, LANGUAGE AND IMMIGRATION STATUS | | | |
| Nationality: | Country of origin: | | |
| First language: | Need for interpreter?: | Yes | No |
| Can the client read/write in English? |  | Yes | No |
| Are there any literacy issues? |  | Yes | No |
| How long has the client lived in the UK?  Please specify entry date if possible | | | |
| What is the client’scurrent immigration status? Please try to be a specific as possible about this | | | |

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| CHILDREN AND FAMILY | | |
| Name: | Relationship to client: | DOB/Age: |

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| CURRENT SUPPORT, INCLUDING SUPPORT FROM FAMILY, FRIENDS, CARERS OR SERVICES |
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| ANY KNOWN HAZARDS TO LONE WORKERS? | Yes | No |
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| REASONS FOR REFERRAL AND ANY ADDITIONAL INFORMATION THAT MAY HELP US WORK PRODUCTIVELY WITH THE CLIENT |
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| PLEASE LIST ANY RELEVANT DOCUMENTS ATTACHED TO THIS REFERRAL FORM |
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